Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 3 - 1958

58-005461
STATE FILE NUMBER 636

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 511 Brooklyn — Length of stay in Hospital 52 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 511 Brooklyn — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CONGETTA Middle Last DiGEORGE
4. DATE OF DEATH Month 2 Day 7 Year 1958
5. SEX Fe
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 5-17-1886
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ITALY
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME MIKE PERRICONE
13b. MOTHER'S MAIDEN NAME LENA —
14. NAME OF HUSBAND OR WIFE PETER DiGEORGE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT JOSEPH DiGEORGE Address KCMO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardio vascular disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

21. I attended the deceased from 1946, to 2-7-1958 and last saw her/him alive on 2-5-58
Death occurred at 12.15 AM 2-7-1958 on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Harry K. Cohen M.D. (Degree or title)
22b. ADDRESS 318 Argyle Bldg
22c. DATE SIGNED 2-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-10-1958
23c. NAME OF CEMETERY OR CREMATORY St Marys Cem
23d. LOCATION (City, town, or county) (State) Kansas City, Mo
24. FUNERAL DIRECTOR Passantino Bros ADDRESS KCMo
25. DATE RECD. BY LOCAL REG. 2-7-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Harry K. Cohen

Dr Harry Cohen
Argyle Bldg -
after 2 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Leonard Passantino

Licensed Embalmer No. 4554

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.